PSA JACKSONVILLE F	REENLISTME	NT REQUES	ST WORKSHE	ĒΤ		
Name (Last, First, Middle):		Rate:	SSN:			
USN USNR USNR(TAR)		Phone:	Duty	Section:		
ADSD: PEBD:	EAOS:	INOP Ext: PRD:				
Yrs Reenlisting: Date:	Time:	Place:				
Reenlisting Officer:	Title: Command:					
Uniform for Ceremony: Spouses Full Name		me:				
Certificate of Appreciation for Spouse?	Will Guests be P	resent?				
□Yes □No	☐ Yes	□ No				
Are you selling leave?	Mailing Address (include ZIP):		Home of Record (include ZIP):			
☐ Yes ☐ No						
Privacy Act Statement: The authority to reque The principle need for this information is to assis reenlistment consistent with current directives. information may result in delay or denial of reen Signature of Reenlistee:	st in the preparatio Completion of this	n of reenlistment of	documents and to veri	ify eligibility for		
	D JACKSONVII					
Qualified to Reenlist? Physically qualified?	Date of last	SRB Eligible?	Rate: Zo	ne:		
Yes Yes No	Physical?	☐ Yes ☐ No	NEC: Av	vard:		
Waiver Required? ☐ Yes ☐ No If yes, explain:						
SIGNATU	SIGNATURE		NO	DATE		
CCC						
LPO						
LCPO						
Dept Head						
		APPROVED	DISAPPROVED	DATE		
OIC or XO for PSA Staff				27772		
Note: Disapproved requests must be forwarded to PSA CMC with justification.						
		Reenlistment Check-list for Career Counselors				
Reenlistment	t Check-list for	Career Cours				
CO's letter of Appreciation		charge Pin				
CO's letter of Appreciation	□ Dis	charge Pin				
	☐ Dis	charge Pin otographer				
CO's letter of Appreciation Discharge Certificate	☐ Dis	charge Pin otographer	Release (optional)			

PSAJAXFORM 1040/2 (Rev 12/00)